

## SUMMARY FORM

### COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

#### Section I: Agreement Details

Public Employer.	Lower Alloways Creek Board of Education			County: Salem
Employee Organization	Lower Alloways Creek Support Staff			Employees in Unit: 23
Base Year Contract Term:	7/1/2011	6/30/2014	New Contract Term	7/1/2014
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Recommendation		<input checked="" type="checkbox"/> Voluntary Settlement	<input type="checkbox"/> Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Item 1 . . .	Salary	\$96,685	\$101,024
Item 2 . . .	Increment		
Item 3 . . .	Longevity		
Item 4 . . .	Tuition Reimbursement	\$0	\$10,000
Item 5 . . .			
Item 6 . . .			
Item 7 . . .			
Item 8 . . .			
Item 9 . . .			
Item 10 . . .			
Item 11 . . .			
Item 12 . . .			
Any additional items list on separate sheet		Additional Items	
Section III: Totals • Sum of costs in each column		<u>\$96,685</u> (Total)	<u>\$111,024</u> (Total)

#### Section IV: Analysis of new successor agreement

#### NEW AGREEMENT ANALYSIS

Total Base Cost (previous agreement)	<u>\$96,685</u>		
Effective Date (m/d/yyyy)	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>
Percent Increase	<u>2.5</u>	<u>2.4</u>	<u>2.3</u>
Total cost of increase	<u>\$4,339</u>	<u>\$4,454</u>	<u>\$4,416</u>
Total base salary (successor agreement)	<u>\$101,024</u>	<u>\$105,478</u>	<u>\$109,894</u>

#### Section V: Impact of Settlement • average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	<u>2.40</u>
Dollar Impact (average per year over term of agreement)	<u>\$4,403.00</u>

#### Section VI

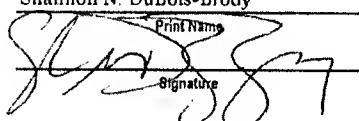
<u>Health Insurance (Indicate costs associated on each line)</u>		Base Year	Year 1
Cost of Health Plan		<u>\$41,592</u>	<u>\$43,848</u>
Employee Contributions		<u>\$1,094</u>	<u>\$1,535</u>
Prescription			
Dental		<u>\$2,256</u>	<u>\$2,256</u>
Vision		<u>\$1,750</u>	<u>\$1,750</u>

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

#### Section VII

Prepared by:

Shannon N. DuBois-Brody

  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Title: Business Administrator

Date: 1/23/2015